

FILED DEC 18 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 42261
10283

| | | | | | | | | | |
|---|--|--|--|---|--|---|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. 10283 | | | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY _____ | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | c. LENGTH OF STAY (in this place) 42 years | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis | | 2109 | | | |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Firmin Desloge Hospital | | | | d. STREET ADDRESS (If rural, give location) 10 2911 Dodier St. | | | | | |
| 3. NAME OF DECEASED (Type or Print) MARY | | a. (First) | | b. (Middle) GAERTNER | | c. (Last) | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Oct. 6 1865 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home | | 10b. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (In years last birthday) 85 | | 11. BIRTHPLACE (State or foreign country) Evansville, Ind. | | | |
| 13a. FATHER'S NAME John Dugan | | 13b. MOTHER'S MAIDEN NAME Sally Hancock | | 14. NAME OF HUSBAND OR WIFE Fred Gaertner | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. ----- | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. A. L. Turnbull, 2911 Dodier St. | | | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) <u>Arterio Sclerosis, Jaundice 2nd phase</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>2</u> | |
| 19a. DATE OF OPERATION 11/25/50 | | 19b. MAJOR FINDINGS OF OPERATION Jaundice 2nd to | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? 450 ft. | | | | | |
| 22. I hereby certify that I attended the deceased from 11/20, 1950, to 12/1, 1950, that I last saw the deceased alive on 12/1, 1950, and that death occurred at 8:05 A.M., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE Dr. Charles E. M. O. O. | | (Degree or title) | | 23b. ADDRESS Firmen Desloge | | 23c. DATE SIGNED 11/11/50 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Dec. 4 1950 | | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery | | 24d. LOCATION (City, town, or county) (State) St. Louis County, Missouri | | | |
| DATE REC'D BY LOCAL REG. DEC 3 1950 | | REGISTRAR'S SIGNATURE J. B. Koster | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS REIDERWIEDEN F.H. INC., 1936 St. Louis Ave. | | | | | |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Max L. Warfel

Signed
Student Embalmer

Licensed Embalmer No. 4170

P. O. Address 1936 St Louis Ave

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.